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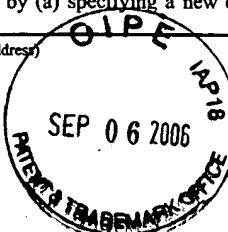
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7590 07/11/2006

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09/07/2006 JBALINA2 00000045 09940686

01 FC:2501 700.00 OP  
02 FC:1504 300.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/940,686	08/27/2001	Bernhard O. Palsson	UCSD1320-1	4327



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Aldon Griffis	(Depositor's name)
<i>Aldon Griffis</i> (Signature)	
September 1, 2006	(Date)

**TITLE OF INVENTION: METHOD FOR THE EVOLUTIONARY DESIGN OF BIOCHEMICAL REACTION NETWORKS**

**03 FC:8001 30.00 OP**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	10/11/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
MORAN, MARJORIE A	1631	702-019000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <u>DLA PIPER</u> 2 _____ 3 _____
<input checked="" type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		
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**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

**(A) NAME OF ASSIGNEE**

The Regents of the University  
of California

**(B) RESIDENCE: (CITY and STATE OR COUNTRY)**

Oakland, California

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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Issue Fee  
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 Advance Order - # of Copies Ten (10)

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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 07-1896 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date September 1, 2006

Typed or printed name Lisa A. Haile, J.D., Ph.D.

Registration No. 38,347

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